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DECLARATION—Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)									
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"> <input type="checkbox"/> Customer Number </td> <td style="width: 30%; text-align: center;"> <input type="text"/> </td> <td style="width: 55%; text-align: right;"> Place Customer Number Bar Code Label here </td> </tr> <tr> <td colspan="3" style="text-align: center;"> OR </td> </tr> <tr> <td colspan="3" style="text-align: center;"> <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below </td> </tr> </table>			<input type="checkbox"/> Customer Number	<input type="text"/>	Place Customer Number Bar Code Label here	OR			<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below		
<input type="checkbox"/> Customer Number	<input type="text"/>	Place Customer Number Bar Code Label here									
OR											
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below											
Name	Registration Number	Name	Registration Number								
Susan J. Braman Karla M. Weyand	34,103 40,223	Peter Rogalskyj	38,601								

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below					
Name	Susan J. Braman				
Address	Braman & Rogalskyj, LLP				
Address	P.O. Box 352				
City	Canandaigua	State	NY	ZIP	14424-0352
Country	USA	Telephone	716-393-3002	Fax	716-393-3001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Ming			Li				
Inventor's Signature					Date	11/03/99	
Residence: City	Mobile	State	AL	Country	USA	Citizenship	China
Post Office Address	7231 Bay Road						
Post Office Address							
City	Mobile	State	AL	ZIP	36605	Country	USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION**

Docket No.
004.00191

Serial No.
09/383,894

Filing Date
August 26, 1999

Patent No.

Issue Date

Applicant/ **Ming Li**
Patentee:



Invention:

T-TYPE CALCIUM CHANNEL

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: **South Alabama Medical Science Foundation**

ADDRESS OF ORGANIZATION: **P.O. Box U-1060**

Mobile, Alabama 36688

TYPE OF NONPROFIT ORGANIZATION:

- University or other Institute of Higher Education
- Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3))
- Nonprofit Scientific or Educational under Statute of State of The United States of America
Name of State: _____ Citation of Statute: _____
- Would Qualify as Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if Located in The United States of America
Name of State: _____ Citation of Statute: _____
- Would Qualify as Nonprofit Scientific or Educational under Statute of State of The United States of America if Located in The United States of America
Name of State: _____ Citation of Statute: _____

I hereby declare that the above-identified nonprofit organization qualifies as a nonprofit organization as defined in 37 C.F.R. 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- the specification to be filed herewith.
- the application identified above.
- the patent identified above.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- no such person, concern or organization exists.
- each such person, concern or organization is listed below.

FULL NAME _____

ADDRESS _____

Individual

Small Business Concern

Nonprofit Organization

FULL NAME _____

ADDRESS _____

Individual

Small Business Concern

Nonprofit Organization

FULL NAME _____

ADDRESS _____

Individual

Small Business Concern

Nonprofit Organization

FULL NAME _____

ADDRESS _____

Individual

Small Business Concern

Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Dr. Samuel J. Strada

TITLE IN ORGANIZATION: President

ADDRESS OF PERSON SIGNING: South Alabama Medical Science Foundation

P.O. Box U-1060

Mobile, Alabama 36688

SIGNATURE: 

DATE: 11/5/95